

Loans from \$10,000 to \$200,000

Amount \$ _____ Proposed Use of Proceeds _____

Vendor/Originator _____

BUSINESS INFORMATION DATA 200 _____ ; APPLICANT INFORMATION

Business Legal Name _____ (Applicant) Tax ID # _____

Owner/Name(s) _____ % of Ownership _____

_____ % of Ownership _____

_____ % of Ownership _____

Business Address (No P.O. Boxes) _____

City _____ State _____ Zip _____ Bus. # (_____) _____

Sales \$ _____ Net Profit (before Officer's Compensation) \$ _____ Officer's Compensation (Dr's Salary) \$ _____

of Employees _____ Avg. Checking Balance \$ _____

Federal law requires us to collect and verify the business name, physical address, and tax identification number.

PERSONAL INFORMATION OF DOCTOR

Doctor's Full Name _____ Specialty _____

Prof. Lic. # _____ Year Lic. _____ Date of Birth _____

Home Address (No P.O. Boxes) _____

City _____ State _____ Zip _____ Home. # (_____) _____

Cell # (_____) _____ Fax # (_____) _____ S.S. # _____

Total Household Income* \$ _____ Total Cash/Savings/Investments \$ _____

*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Do you Own Rent your home? Monthly Mtg./Rent Pmt. \$ _____ Years at Address _____

Federal law requires us to collect and verify your name, physical address, social security number, and date of birth.

By signing below, I accept on behalf of the Applicant the terms and conditions that appear below. I understand that I will also, in my individual capacity, guaranty repayment of the loan extended to Applicant, and that I accept, in my individual capacity, the terms of the guaranty contained in the Express Loan Agreement.

Signature _____ Title _____

Print Name _____ Date _____

By signing above, I certify that I am authorized to submit this application as Applicant or on behalf of the Applicant and that all of the information and documents provided in connection with this application are true, correct and complete. I authorize Banc of America Practice Solutions, Inc. to obtain and verify consumer reports, business reports and other information from, and to report such information to, others about me and Applicant for purposes of reviewing this application and servicing an approved loan made based on this application, and that the loan will be used only for business purposes. I agree that any use of any feature of the Express Loan may be used as evidence of the foregoing authorizations, acceptances and agreements.

NOTICE - The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Service Commission administers compliance with this law.

**All programs are subject to credit approval and loan amounts are subject to creditworthiness. Some restrictions may apply. Banc of America Practice Solutions, Inc. is a subsidiary of Bank of America Corporation. Bank of America is a registered trademark of Bank of America Corporation.

- NO application or administration fee
- NO prepayment penalty
- NO advance payment

Please PRINT and FAX this application.

Phone: 800.497.6069

Fax: 877.246.4478

Bank of America

